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				Melissa Kruggel			(Depositor's name)
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APPLICATION NO.	FILING DATE	I	FIRST NAME	INVENTOR	ATTORNEY D	OCKET NO.	CONFIRMATION NO.
08/187,879	01/27/1994		Harriet L.	Robinson	07917-2	17001	5747
TITLE OF INVENTION: IM	MUNIZATION BY INOCULA	TION OF DNA	TRANSCRIPT	ION UNIT			
APPLN, TYPE	SMALL ENTITY	ISSUE	FEE	PUBLICATION FEE	TOTAL FE		DATE DUE
nonprovisional	YES	\$6	65		\$69	5	10/01/2004
EXAMINER ART UNIT CLASS-SUBCLASS							
NGUYEN, DAVE TRONG 1632							
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or 1. Fish & Richardson P.C.							
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Address form P10/SB/122) attached. agent) and the				names of up to 2 registered	patent		
[] "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. attorneys or ag will be printed				gents. If no name is listed, no d.	name 3.		
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(A) NAME OF ASSIGNEE (B) RESIDENCE (CITY and STATE OR COUNTRY) University of Massachusetts Medical Center Worcester, MA							
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Please check the appropriate assignee category or categories (will not be printed on the patent): 1 individual [X] corporation or other private group entity 1 government							
4a. The following fee(s) are enclosed: (X) Issue Fee (X) A check in the amo					is enclosed		
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